(b) The Authorised Local Chemists are registered to supply the listed/ non-listed medicines which are not available for supply to the CGHS beneficiaries against the individual valid prescription of the patient.

(c) The bills are submitted fortnightly by the local chemists which are then verified by the office of Additional Director, CGHS before payment. Payments for the bills which have been verified and found in order are made thereafter.

(d) No, Sir.

(e) and (f) The details of pending payment of each chemist of Delhi is given at Annexure [*See Appendix* 194, *Annexure No.* 9]

The reasons for delay are:— (i) In some cases, the local chemists have not submitted the bills timely to CMO Incharge of the dispensary with the result that the same are being received late in Zonal office as well as at CHGS (HQ), resulting in delay in payment. (ii) The Chief Medical Officer Incharge of the dispensaries have been given seven days time to examine the bills and submit to the Zonal office but in some cases, due to the Chief Medical Officer Incharge remaining on leave, the bills are being received in about 3 to 4 weeks time which result in delay. (iii) The Zonal Heads have been given two weeks time for examining the bills and onward submission to CHGS (HQ), but sometimes due to administrative exigencies, the bills which are supposed to be received in Head Quarter in two weeks time are being received in about 4 to 5 weeks time. (iv) Funds were not available with effect from October 01, 2001 to October 30, 2001 and therefor no bill was sent to Pay and Accounts Officer (CGHS), Delhi. On receipt of the funds, payments were made to all 49 Authorised Local Chemists of Delhi according to the register maintained in the Depot Accounts Section.

Infection cases in Burns Ward of Safdarjung Hospital

775. SHRI BHAGATRAM MANHAR:
SHRI RAJU PARMAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that almost all the patients admitted in Burns Ward of Safdarjung Hospital, New Delhi develop infection;

(b) if so, the number of such cases of infection reported during the last one year;

(c) whether it is also a fact that Burn Intensive Care Unit of Safdarjung Hospital is in dilapidated condition and has broken and obsolete machinery; and

(d) if so, the steps being taken in this regard by Government to upgrade the ward with modern machinery and equipment?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) No, Sir. However, burn patients with extensive raw area are prone to colonisation of bacteria rather than infection. Usually, patients with more than 80 per cent of body surface area burn develop endogenous infection. The total number of such patients during the last one year is 564 out of approximately 7000 attendance.

Air and Wall Cultures for bacterial growth of Burns Ward are undertaken regularly. In case, any bacterial growth is noticed, fumigation is performed.

(c) and (d) No, Sir. The Burns Intensive Care Unit has been renovated recently and is equipped with modern required equipments which are in working order.

Spread of TB

776. SHRI RAJU PARMAR:
SHRI BHAGATRAM MANHAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned "WHO warm of killer TB's spread", which appeared in the Times of India, New Delhi, dated 31st October, 2001;

(b) whether World Health Organisation (WHO) has warned that tuberculosis is spreading at an alarming rate in countries alongwith the common border of Afghanistan and Pakistan;

(c) if so, what steps Government have taken in this regard; and

(d) the number of cases of TB as reported in the country during the last six months?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) Yes, Sir.

(c) Government is committed to expand its efforts for T.B. control in India. To achieve a success rate of 85% of new sputum positive cases and to